

CHAPTER 256

EMERGENCY MEDICAL SERVICES

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Cross-reference: See definitions in s. 250.01.

Cross-reference: See also ch. DHS 110, Wis. adm. code.

256.01 Definitions. In this chapter:

(1k) “Advanced emergency medical technician” means an emergency medical services practitioner who has completed intermediate technician training.

(1t) “Ambulance” means an emergency vehicle, including any motor vehicle, boat or aircraft, whether privately or publicly owned, which is designed, constructed or equipped to transport sick, disabled or injured individuals.

(2) “Ambulance service” means the business of transporting sick, disabled, or injured individuals by ambulance to or from facilities or institutions providing health services.

(3) “Ambulance service provider” means a person engaged primarily in the business of transporting sick, disabled, or injured individuals by ambulance to or from facilities or institutions providing health services.

(4) “Board” means the emergency medical services board.

(4p) “Emergency medical responder” means a person who is certified by the department as an emergency medical responder under s. 256.15 (8) (a) or is exempt under s. 256.15 (2) (b) or (c) and who, as a condition of employment or as a member of an organization that provides emergency medical care before hospitalization, provides emergency medical care to a sick, disabled, or injured individual.

(5) “Emergency medical services practitioner” means an emergency medical technician, an advanced emergency medical technician, an emergency medical technician — intermediate, or a paramedic.

(6) “Emergency medical technician” means an individual who is licensed by the department to administer basic life support and to properly handle and transport sick, disabled, or injured individuals or is exempt under s. 256.15 (2) (b) or (c).

(7) “Emergency medical technician — intermediate” means an individual who is licensed by the department as an emergency medical technician — intermediate under s. 256.15 (5) or is exempt under s. 256.15 (2) (b) or (c).

(10) “Hospital” has the meaning given in s. 50.33 (2).

(11) “Medical director” means a physician who trains, medically coordinates, directs, supervises, establishes standard operating procedures for, and designates physicians for direction and supervision of, emergency medical services practitioners and who reviews the performance of emergency medical services practitioners and ambulance service providers.

(12) “Nonprofit corporation” means a nonstock corporation organized under ch. 181 that is a nonprofit corporation, as defined in s. 181.0103 (17).

(13) “Opioid antagonist” has the meaning given in s. 450.01 (13v).

(14) “Paramedic” means an individual who is specially trained in emergency cardiac, trauma, and other lifesaving or emergency procedures in a training program or course of instruction prescribed by the department and who is examined and licensed as a paramedic under s. 256.15 (5) or is exempt under s. 256.15 (2) (b) or (c).

History: 2007 a. 130 ss. 53, 54, 58 to 61, 67, 68, 120, 122, 132, 202; 2013 a. 166, 200; 2015 a. 26, 83, 113; 2017 a. 12, 66, 366.

256.04 Emergency medical services board. The emergency medical services board shall do all of the following:

(1) Appoint an advisory committee of physicians with expertise in the emergency medical services area to advise the department on the criteria for selection of the state medical director for emergency medical services and on the performance of the director and to advise the director on appropriate medical issues.

(4) Periodically review all emergency medical services statutes and rules for surface, water and air transportation and recommend to the department and the department of transportation changes in those statutes and rules to provide different personnel and equipment requirements, where appropriate, for emergency response, nonemergency response and interfacility transportation of patients.

(5) Seek involvement in its deliberations by appropriate personnel from the department, the technical college system board and the department of transportation.

(6) Seek involvement in its deliberations by ambulance service provider personnel, emergency medical services practitioners, emergency medical responders, persons who train emergency medical services personnel and other interested persons.

(7) Advise, make recommendations to, and consult with the department concerning the funding under s. 256.12 (4) and (5), including recommending a formula for allocating funds among ambulance service providers under s. 256.12 (5).

(8) Review the annual budget prepared by the department for the expenditures under s. 20.435 (1) (r).

NOTE: Sub. (8) is shown as amended eff. 7–1–24 by 2023 Wis. Act 19. Prior to 7–1–24 it reads:

(8) Review the annual budget prepared by the department for the expenditures under s. 20.435 (1) (ch).

(9) Prepare written information on cardiocerebral resuscitation and provide the information to persons who offer certification in cardiopulmonary resuscitation.

(10) Prepare recommendations on training and approval qualifications for community paramedics and community emergency medical services practitioners.

(11) Serve as a repository and contact for information and guidance on rendering first aid to domestic animals. In developing any guidance under this subsection, the board shall consult

with a licensed veterinarian who is trained in pre–hospitalization emergency care of domestic animals.

History: 1993 a. 16 ss. 2578f, 2578g, 2578p; 1995 a. 225; 1997 a. 27; 2005 a. 25; 2007 a. 104; 2007 a. 130 ss. 156 to 159; Stats. 2007 s. 256.04; 2009 a. 28; 2009 a. 180 s. 125; 2017 a. 12, 66, 166; 2023 a. 19.

256.08 State emergency medical services activities.

(1) STATE EMERGENCY MEDICAL SERVICES PLAN. (a) By December 31, 1995, the department shall prepare a state emergency medical services plan. The plan shall include an identification of priorities for changes in the state emergency medical services system for the 2 years following preparation of the plan. In preparing the plan, the department shall review all statutes and rules that relate to emergency medical services and recommend in the plan any changes in those statutes and rules that the department considers appropriate. After initial preparation of the plan, the department shall keep the plan current and shall reorder priorities for changes in the state emergency medical services system, based on determinations of the board.

(b) Biennially, prior to final adoption of the state emergency medical services plan, the department shall hold at least one public hearing on a draft of the plan.

(c) The department shall provide a copy of the state emergency medical services plan biennially to the legislature under s. 13.172 (2).

(2) QUALIFICATIONS OF STATE SUPERVISOR. The board shall recommend to the department the qualifications of any individual who may be hired on or after April 23, 1994, to supervise the subunit of the department that is primarily responsible for regulation of emergency medical services.

(3) DEPARTMENTAL RULES; CONSULTATION. The department shall consult with the board before promulgating a proposed rule that relates to funding of emergency medical services programs under s. 256.12 or to regulation of emergency medical services.

(4) DEPARTMENTAL DUTIES. The department shall:

(a) Serve as the lead state agency for emergency medical services.

(b) Implement measures to achieve objectives that are set forth in the state emergency medical services plan under sub. (1).

(c) Provide quality assurance in the emergency medical services system, including collecting and analyzing data relating to local and regional emergency medical services systems, ambulance service providers, emergency medical responders, and emergency medical services practitioners.

(d) Provide technical assistance to ambulance service providers, emergency medical responders, and emergency medical services practitioners in developing plans, expanding services, and complying with applicable statutes and rules.

(e) Set standards for all organizations that offer training to emergency medical responders and emergency medical services practitioners on what topics should be included in initial training and continuing training.

(f) Facilitate integration of ambulance service providers and hospitals in the same geographic area.

(g) Review recommendations of the board. The department may promulgate any rule changes necessary to implement those recommendations and may pursue any statutory changes necessary to implement those recommendations.

(h) Investigate complaints received regarding ambulance service providers, emergency medical responders, emergency medical services practitioners, and medical directors and take appropriate actions after first consulting with the board and the state medical director for emergency medical services.

(i) Provide advice to the adjutant general of the department of military affairs on the emergency medical aspects of the state plan of emergency management under s. 323.13 (1) (b) and coordinate emergency activities with the department of military affairs.

(j) Consult at least annually with the technical college system board and the department of transportation on issues that affect ambulance service providers, emergency medical responders, and emergency medical services practitioners.

(k) Promulgate rules that set forth the authority and duties of medical directors and the state medical director for emergency medical services.

History: 1993 a. 251, 491; 1995 a. 247; 2007 a. 130 ss. 117, 125 to 129; Stats. 2007 s. 256.08; 2009 a. 42; 2017 a. 12.

256.12 Emergency medical services programs.

(1) DEFINITION. In this section, “public agency” has the meaning given in s. 256.15 (1) (n).

(2) EMERGENCY MEDICAL SERVICES PROGRAMS. (a) Any county, city, town, village, hospital, ambulance service provider, or combination thereof may, after submission of a plan approved by the department, conduct an emergency medical services program using emergency medical services practitioners for the delivery of emergency medical care to sick, disabled, or injured individuals at the scene of an emergency and during transport to a hospital, while in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, and during transfer of a patient between health care facilities. An ambulance service provider may, after submission of a plan approved by the department, conduct an emergency medical services program using emergency medical services practitioners for the delivery of emergency medical care to sick, disabled, or injured individuals during transfer of the individuals between health care facilities. Nothing in this section prohibits an emergency medical services program from using community paramedics and community emergency medical services practitioners for services described in ss. 256.205 (6) and 256.21 (6) or from providing nonemergency services in accordance with s. 256.15 (6p). Nothing in this section shall be construed to prohibit the operation of fire department, police department, for–profit ambulance service provider, or other emergency vehicles using the services of emergency medical services practitioners in conjunction with a program approved by the department. Hospitals that offer approved training courses for emergency medical services practitioners should, if feasible, serve as the base of operation for approved programs using emergency medical services practitioners.

(b) The department shall review and, if the department determines that the plans are satisfactory, approve the plans submitted under par. (a). The department shall:

1. Provide administrative support and technical assistance to emergency medical services programs that use emergency medical services practitioners or ambulance service providers.

2. Coordinate the activities of agencies and organizations providing training for the delivery of emergency medical services.

3. Assist the development of training for emergency medical services practitioners.

4. Assess the emergency medical resources and services of the state and encourage the allocation of resources to areas of identified need.

5. Assist hospitals in planning for appropriate and efficient handling of the critically ill and injured.

(2m) STATE MEDICAL DIRECTOR FOR EMERGENCY MEDICAL SERVICES PROGRAM. (a) The department shall contract with a physician to direct the state emergency medical services program. The department may expend from the funding under the federal preventive health services project grant program under 42 USC 2476 under the appropriation account under s. 20.435 (1) (mc), \$25,000 in each fiscal year for this purpose.

(b) The physician under par. (a) shall be called the state medical director for the emergency medical services program, shall have at least 3 years of experience in the conduct and delivery of prehospital emergency medical services as a physician practicing

emergency or prehospital medicine in a hospital or agency and shall have actively participated in and had major responsibility for the development, management, execution and coordination of programs, policies and procedures in the delivery of emergency medical services.

(4) SUPPORT AND IMPROVEMENT OF EMERGENCY SERVICES. (a) From the appropriation account under s. 20.435 (1) (r), the department shall annually distribute funds for ambulance service vehicles or vehicle equipment, emergency medical services supplies or equipment, nondurable or disposable medical supplies or equipment, medications, or emergency medical training for personnel to an emergency medical responder department or ambulance service provider that is a public agency, a volunteer fire department or a nonprofit corporation, under a funding formula consisting of an identical base amount for each emergency medical responder department or ambulance service provider plus a supplemental amount based on the population of the emergency medical responder department's primary service area or the population of the ambulance service provider's primary service or contract area, as established under s. 256.15 (5), as applicable.

NOTE: Sub. (4) (title) and par. (a) are shown as amended eff. 7–1–24 by 2023 Wis. Act 19. Prior to 7–1–24 they read:

(4) SUPPORT AND IMPROVEMENT OF AMBULANCE SERVICES. (a) From the appropriation account under s. 20.435 (1) (ch), the department shall annually distribute funds for ambulance service vehicles or vehicle equipment, emergency medical services supplies or equipment or emergency medical training for personnel to an ambulance service provider that is a public agency, a volunteer fire department or a nonprofit corporation, under a funding formula consisting of an identical base amount for each ambulance service provider plus a supplemental amount based on the population of the ambulance service provider's primary service or contract area, as established under s. 256.15 (5).

(b) If a public agency has contracted for ambulance service with an ambulance service provider that operates for profit, the department shall distribute funds under par. (a) to the public agency.

(c) Funds distributed under par. (a) or (b) shall supplement existing, budgeted moneys of or provided to an ambulance service provider and may not be used to replace, decrease or release for alternative purposes the existing, budgeted moneys of or provided to the ambulance service provider. A grant recipient under this subsection cannot expend more than 15 percent of a grant awarded during an annual grant cycle on nondurable or disposable medical supplies or equipment and medications. In order to ensure compliance with this paragraph, the department shall require, as a condition of relicensure, a financial report of expenditures under this subsection from an ambulance service provider and may require a financial report of expenditures under this subsection from an emergency medical responder department or an owner or operator of an ambulance service or a public agency, volunteer fire department or a nonprofit corporation with which an ambulance service provider has contracted to provide ambulance services.

NOTE: Par. (c) is shown as amended eff. 7–1–24 by 2023 Wis. Act 19. Prior to 7–1–24 it reads:

(c) Funds distributed under par. (a) or (b) shall supplement existing, budgeted moneys of or provided to an ambulance service provider and may not be used to replace, decrease or release for alternative purposes the existing, budgeted moneys of or provided to the ambulance service provider. In order to ensure compliance with this paragraph, the department shall require, as a condition of relicensure, a financial report of expenditures under this subsection from an ambulance service provider and may require a financial report of expenditures under this subsection from an owner or operator of an ambulance service or a public agency, volunteer fire department or a nonprofit corporation with which an ambulance service provider has contracted to provide ambulance services.

(5) EMERGENCY MEDICAL SERVICES PRACTITIONER AND EMERGENCY MEDICAL RESPONDER TRAINING AND EXAMINATION AID. (a) From the appropriation account under s. 20.435 (1) (r), the department shall annually distribute funds to emergency medical responder departments or ambulance service providers that are public agencies, volunteer fire departments, or nonprofit corporations to purchase the training required for licensure and renewal of licensure as an emergency medical technician under s. 256.15 (6) or for certification and renewal of certification as an emergency medical responder under s. 256.15 (8), and to pay for administration of the examination required for licensure or

renewal of licensure as an emergency medical technician under s. 256.15 (6) (a) 3. and (b) 1. or certification or renewal of certification as an emergency medical responder under s. 256.15 (8).

NOTE: Par. (a) is shown as amended eff. 7–1–24 by 2023 Wis. Act 19. Prior to 7–1–24 it reads:

(a) From the appropriation account under s. 20.435 (1) (ch), the department shall annually distribute funds to ambulance service providers that are public agencies, volunteer fire departments, or nonprofit corporations to purchase the training required for licensure and renewal of licensure as an emergency medical technician under s. 256.15 (6) or for certification and renewal of certification as an emergency medical responder under s. 256.15 (8), and to pay for administration of the examination required for licensure or renewal of licensure as an emergency medical technician under s. 256.15 (6) (a) 3. and (b) 1. or certification or renewal of certification as an emergency medical responder under s. 256.15 (8).

(am) If an emergency medical responder department or ambulance service provider does not use funds received under par. (a) within a calendar year, the emergency medical responder department or ambulance service provider may escrow those funds in the year in which the funds are distributed to the emergency medical responder department or ambulance service provider, except funds distributed for nondurable or disposable medical supplies or equipment or medications. In a subsequent year, an emergency medical responder department or ambulance service provider may use escrowed funds to purchase the training required for certification or renewal of certification as an emergency medical responder or licensure or renewal of licensure as an emergency medical services practitioner at any level or to pay for administration of the examination required for certification or renewal of certification as an emergency medical responder or for licensure or renewal of licensure as an emergency medical services practitioner at any level.

NOTE: Par. (am) is shown as amended eff. 7–1–24 by 2023 Wis. Act 19. Prior to 7–1–24 it reads:

(am) If an ambulance service provider does not use funds received under par. (a) within a calendar year, the ambulance service provider may escrow those funds in the year in which the funds are distributed to the ambulance service provider. In a subsequent year, an ambulance service provider may use escrowed funds to purchase the training required for certification or renewal of certification as an emergency medical responder or licensure or renewal of licensure as an emergency medical services practitioner at any level or to pay for administration of the examination required for certification or renewal of certification as an emergency medical responder or for licensure or renewal of licensure as an emergency medical services practitioner at any level.

(b) The department shall require that all of the following submit to the department a financial report on the expenditure of funds received under par. (a):

1. An emergency medical responder department.
2. As a condition of relicensure, an ambulance service provider.

NOTE: Par. (b) is shown as affected eff. 7–1–24 by 2023 Wis. Act 19. Prior to 7–1–24 it reads:

(b) The department shall require as a condition of relicensure that an ambulance service provider submit to the department a financial report on the expenditure of funds received under par. (a).

(6) UNLICENSED OPERATION. (a) In this subsection, "person" has the meaning specified in s. 256.15 (1) (L).

(b) Notwithstanding the existence or pursuit of any other remedy, the department may, in the manner provided by law, upon the advice of the attorney general, who shall represent the department in all proceedings, institute an action in the name of the state against any person to restrain or prevent the establishment, management or operation of any emergency medical services program that is not approved under sub. (2) (a) or that is in violation of this section or a rule promulgated under this section.

(7) INSURANCE. A physician who participates in an emergency medical services program under this section or as required under s. 256.15 shall purchase health care liability insurance in compliance with subch. III of ch. 655, except for those acts or omissions of a physician who, as a medical director, reviews the performance of emergency medical services practitioners or ambulance service providers, as specified under s. 146.37 (1g).

(8) EXCEPTION TO TREATMENT. This section and the rules promulgated under this section may not be construed to authorize the provision of services or treatment to any individual who objects

for reasons of religion to the treatment or services, but may be construed to authorize the transportation of such an individual to a facility of the individual's choice within the jurisdiction of the emergency medical service.

History: 1989 a. 102 ss. 15 to 17, 23, 25, 26, 60; 1991 a. 39, 269; 1993 a. 16, 251, 399, 491; 1997 a. 27, 79; 2001 a. 16, 109; 2005 a. 25; 2007 a. 130 ss. 130, 131, 137 to 149; Stats. 2007 s. 256.12; 2009 a. 28; 2017 a. 12, 66, 96; 2023 a. 19.

256.13 Cardiocerebral resuscitation. Any person who offers certification in cardiopulmonary resuscitation shall provide the written information on cardiocerebral resuscitation that is prepared by the emergency medical services board under s. 256.04 (9) to each individual to whom the person provides instruction in cardiopulmonary resuscitation.

History: 2007 a. 104; 2009 a. 180 s. 124; Stats. 2009 s. 256.13.

256.15 Emergency medical services personnel; licensure; certification; training. (1) DEFINITIONS. In this section:

(ag) “Act of terrorism” means a felony under ch. 939 to 951 that is committed with intent to terrorize and is committed under any of the following circumstances:

1. The person committing the felony causes bodily harm, great bodily harm, or death to another.

2. The person committing the felony causes damage to the property of another and the total property damaged is reduced in value by \$25,000 or more. For purposes of this subdivision, property is reduced in value by the amount that it would cost either to repair or replace it, whichever is less.

3. The person committing the felony uses force or violence or the threat of force or violence.

(cr) “Automated external defibrillator” means a defibrillator device to which all of the following apply:

1. It is approved for commercial distribution by the federal food and drug administration.

2. It is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia and of determining without intervention by the user of the device whether defibrillation should be performed.

3. After having determined that defibrillation should be performed, it is capable, either at the command of an operator or without intervention by an operator, of delivering an electrical shock to an individual.

(d) “Basic life support” means emergency medical care that is rendered to a sick, disabled, or injured individual, based on signs, symptoms, or complaints, prior to the individual's hospitalization or while transporting the individual between health care facilities and that is limited to use of the knowledge, skills, and techniques received from training required for licensure as an emergency medical technician, or for certification as an emergency medical responder.

(dm) “Defibrillation” means administering an electrical impulse to an individual's heart in order to stop ventricular fibrillation or rapid ventricular tachycardia.

(hr) “Governmental unit” means the United States; the state; any county, city, village, or town; or any political subdivision, department, division, board, or agency of the United States, the state, or any county, city, village, or town.

(i) “Indian tribe” means a federally recognized American Indian tribe or band in this state.

(ig) “Intent to terrorize” means intent to influence the policy of a governmental unit by intimidation or coercion, to punish a governmental unit for a prior policy decision, to affect the conduct of a governmental unit by homicide or kidnapping, or to intimidate or coerce a civilian population.

(ij) “Interfacility transport” means any transfer of a patient between health care facilities or any nonemergent transfer of a patient.

(im) “Manual defibrillator” means a heart monitor and defibrillator that:

1. Is operated only after an operator has first analyzed and recognized an individual's cardiac rhythm;

2. Charges and delivers, only at the command of the operator, an electrical impulse to an individual's heart; and

3. In the case of a defibrillator that may be operated as a manual defibrillator or as an automated external defibrillator, is set to operate as a manual defibrillator.

(iw) “Mutual aid” means emergency medical care provided in another service area when the primary ambulance service provider in that area requires additional resources because it has already committed all its resources to other emergency responses.

(L) “Person” includes an individual, firm, partnership, association, corporation, trust, foundation, company, public agency or a group of individuals, however named, concerned with the operation of an ambulance.

(n) “Public agency” means this state, a county, city, village or town; an agency of this state or of a county, city, village or town; or an Indian tribe.

(p) “Ventricular fibrillation” means a disturbance in the normal rhythm of the heart that is characterized by rapid, irregular and ineffective twitching of the ventricles of the heart.

(2) LICENSE OR CERTIFICATE REQUIRED; EXCEPTIONS. (a) Except when acting under s. 257.03 and except as provided in pars. (b) and (c), no person may act as or advertise for the provision of services as an ambulance service provider unless the person holds an ambulance service provider license issued under this section. Except when acting under s. 257.03 and except as provided in pars. (b) and (c), no individual may act as or advertise for the provision of services as an emergency medical services practitioner unless he or she holds an emergency medical services practitioner license or training permit issued under sub. (5). Except when acting under s. 257.03 and except as provided in pars. (b) and (c), no individual may act as or advertise for the provision of services as an emergency medical responder unless he or she holds an emergency medical responder certificate issued under sub. (8).

(b) An ambulance service provider licensed in another state that makes 10 or fewer patient transports per year that originate and terminate within this state is not required to hold an ambulance service provider license under this section. An emergency medical services practitioner licensed in 10 or fewer patient transports per year that originate and terminate within this state is not required to hold an emergency medical services practitioner license or training permit under this section. An emergency medical responder certified in another state who provides emergency medical care to 10 or fewer patients per year within this state is not required to hold an emergency medical responder certificate under this section.

(c) Notwithstanding par. (a), a person may act as an ambulance service provider, emergency medical services practitioner, or emergency medical responder without a license, training permit, or certificate described under par. (a) if all of the following apply:

1. The person holds a valid license, training permit, certificate, or other credential allowing the person to act as an ambulance service provider, emergency medical services practitioner, or emergency medical responder in another state.

2. The person is acting in response to a request for mutual aid and responding from the state in which that person holds a license, training permit, certificate, or other credential allowing the person to act as an ambulance service provider, emergency medical services practitioner, or emergency medical responder.

(3) EXCEPTION TO TREATMENT. This section and the rules promulgated under this section may not be construed to authorize the provision of services or treatment to any individual who objects for reasons of religion to the treatment or services, but may be construed to authorize the transportation of such an individual to a facility of the individual's choice within the jurisdiction of the emergency medical service.

(4) AMBULANCE STAFFING; LIMITATIONS; RULES. (a) If a sick, disabled or injured individual is transported by ambulance, any of the following combinations of other individuals shall be present in the ambulance:

1. Any 2 emergency medical services practitioners, licensed registered nurses, licensed physician assistants or physicians, or any combination thereof.

2. One emergency medical services practitioner plus one individual with a training permit issued under sub. (5) (b) or plus one emergency medical responder, subject to par. (e).

3. If the ambulance is an aircraft and the sick, disabled, or injured individual is a pediatric patient who is being transferred from one hospital to another hospital, one individual specified in subd. 1. plus one respiratory care practitioner certified under subch. II of ch. 448.

4. If the ambulance is engaged in a nonemergent interfacility transport, one emergency medical technician who is in the patient compartment during transport of the patient and one individual who has a certification in cardiopulmonary resuscitation, through a course approved by the department.

(b) An ambulance driver who is not an emergency medical services practitioner may assist with the handling and movement of a sick, injured, or disabled individual if an emergency medical services practitioner, registered nurse, physician assistant, or physician directly supervises the driver. No ambulance driver may administer care procedures that an emergency medical services practitioner is authorized to administer unless he or she is an emergency medical services practitioner.

(c) Notwithstanding par. (a) 1. and 2. and subject to pars. (d) and (e), the department may promulgate rules that establish standards for staffing of ambulances in which the primary services provided are those which an advanced emergency medical technician or emergency medical technician — intermediate is authorized to provide or those which a paramedic is authorized to provide.

(d) If an ambulance service provider that was initially licensed at the paramedic level in 1993 and is located in a municipality in Dodge and Jefferson counties has dispatched an ambulance containing 2 paramedics, the department shall allow that ambulance service provider to staff an ambulance at the paramedic level for a subsequent call with one paramedic and one emergency medical services practitioner of any level while the first ambulance containing 2 paramedics is occupied providing service.

(e) 1. The department shall allow an ambulance service provider providing services at the emergency medical technician level to staff an ambulance with at least one emergency medical technician and one individual who is an emergency medical technician, an individual with an emergency medical technician training permit, or an emergency medical responder. An ambulance service provider providing services at the emergency medical technician level shall require an emergency medical technician to be in the patient compartment of the ambulance during transport.

2. The department shall allow an ambulance service provider providing services at the emergency medical technician — intermediate or advanced emergency medical technician level to staff an ambulance with one emergency medical services practitioner at the level of the ambulance service and one individual who holds a credential at the emergency medical responder level or higher. An ambulance service provider providing services at the emergency medical technician — intermediate or advanced emergency medical technician level shall require the individual who holds the same level credential as the ambulance service to remain with the patient at all times during care and transport of the patient, if the patient requires that level of care.

3. This paragraph applies to ambulance service providers for which the population of the largest single municipality, as defined in s. 5.02 (11), in the ambulance service provider's service area is less than 10,000 and to ambulance service providers with a staffing waiver under par. (f). This paragraph does not apply to ambu-

lance service providers for which the population of the largest single municipality, as defined in s. 5.02 (11), in the ambulance service provider's service area is more than 20,000.

(f) 1. An ambulance service provider for which the population of the largest single municipality, as defined in s. 5.02 (11), in the ambulance service provider's service area is 10,000 or more but not more than 20,000 may apply to the department for a waiver of any existing staffing plan in order to staff an ambulance with the personnel described in par. (e).

2. The department may approve a waiver under subd. 1. for an ambulance service provider that demonstrates all of the following:

a. The ambulance service provider has undertaken efforts to recruit and train emergency medical services practitioners capable of being licensed under this section.

b. Despite efforts under subd. 2. a., licensed emergency medical services practitioners are not available in sufficient numbers for staffing for the ambulance services provider.

c. Without a waiver under subd. 1., the municipality that the ambulance service provider serves is unable to meet staffing requirements for ambulances that require 2 emergency medical services practitioners on every service call.

3. The department shall provide a written staffing waiver to any ambulance service provider it approves under subd. 2.

4. A waiver under subd. 1. is valid for 48 months after the date of issuance, and an ambulance service provider may apply to renew the waiver.

5. An ambulance service provider with a waiver under subd. 1. shall attempt to staff an ambulance with 2 licensed emergency medical services practitioners whenever possible.

(4m) UPGRADE TO AMBULANCE SERVICE LEVEL. (a) In this subsection, "rural ambulance service provider" means an ambulance service provider for which the population of the largest single municipality, as defined in s. 5.02 (11), in the ambulance service provider's service area is less than 10,000.

(b) An ambulance operated by a rural ambulance service provider that is licensed under sub. (5) at any level may upgrade its service level to the highest level of license of any emergency medical services practitioner staffing that ambulance if the medical director approves a proposal submitted to him or her by the rural ambulance service provider.

(c) A rural ambulance service provider that upgrades its service under par. (b) may advertise only the level of service that the rural ambulance service provider is able to provide 24 hours per day.

(d) A rural ambulance service provider that is intending to upgrade its service under par. (b) shall submit to the department an update to its operational plan including a description of its intention to upgrade. The department may not require a rural ambulance service provider to stock an ambulance with equipment to perform all functions that the emergency medical services practitioner with the highest level of license may perform in order to upgrade the ambulance service level under par. (b).

(5) LICENSING OF AMBULANCE SERVICE PROVIDERS AND EMERGENCY MEDICAL SERVICES PRACTITIONERS; TRAINING PERMITS. (a) Except as provided in ss. 256.17 and 256.18, the department shall license qualified applicants as ambulance service providers or emergency medical services practitioners. The department shall, from the information on the certification form specified under sub. (6) (c) 2., establish in each ambulance service provider's license the primary service or contract area of the ambulance service provider.

(b) The department shall promulgate rules establishing a system and qualifications for issuance of training permits, except as provided in ss. 256.17 and 256.18, and specifying the period for which an individual may hold a training permit. The department shall consider any relevant education, training, instruction, or other experience that an applicant for a training permit has obtained in connection with any military service, as defined in s.

111.32 (12g) to count toward satisfying the education or training qualifications for issuance of training permits, if the applicant demonstrates to the satisfaction of the department that the education, training, instruction, or other experience obtained by the applicant is substantially equivalent to the education or training qualifications required for the training permit.

(c) A training permit application shall be signed by an ambulance service provider.

(d) An individual who holds a training permit issued under par. (b) may do the following:

1. If issued an emergency medical technician training permit, he or she may perform the actions authorized under rules promulgated by the department for an emergency medical technician, but only if an emergency medical services practitioner directly supervises him or her.

2. If issued an emergency medical technician — intermediate training permit, he or she may perform the actions authorized under rules promulgated by the department for an emergency medical technician — intermediate, but only if a medical director or training instructor is present and giving direction.

2m. If issued an advanced emergency medical technician training permit, he or she may perform the actions authorized under rules promulgated by the department for an advanced emergency medical technician, but only if a medical director or training instructor is present and giving direction.

3. If issued a paramedic training permit, he or she may perform the actions authorized under rules promulgated by the department for a paramedic, but only if a medical director or training instructor is present and giving direction.

(e) A license or training permit issued under this subsection is nontransferable and is valid for the balance of the license or training permit period or until surrendered for cancellation or suspended or revoked for violation of this section or of any other statutes or rules relating to ambulance service providers or emergency medical services practitioners.

(f) The department may charge a reasonable fee for a license or training permit issued under this subsection, except that no fee may be charged to an individual who is an employee of a public agency and who works for volunteer or paid-on-call ambulance service providers and who is an applicant for a license as an emergency medical technician or for a training permit, and no fee may be charged to an individual who is eligible for the veterans fee waiver program under s. 45.44.

(g) Except as provided in ss. 256.17 and 256.18, an emergency medical services practitioner license shall be issued to the individual licensed, and the department may not impose a requirement that an individual be affiliated with an ambulance service provider in order to receive an emergency medical services practitioner license or to have an emergency medical services practitioner license renewed.

(6) QUALIFICATIONS FOR LICENSURE. (a) Except as provided in ss. 256.17 and 256.18, to be eligible for an initial license as an emergency medical services practitioner, an individual shall:

1. Be 18 years of age or older; be capable of performing the actions authorized in rules promulgated under sub. (13) (c) for an emergency medical technician, an advanced emergency medical technician, an emergency medical technician — intermediate, or a paramedic, for which licensure is sought; and, subject to ss. 111.321, 111.322 and 111.335, not have an arrest or conviction record.

2. Have satisfactorily completed a course of instruction and training, including training for response to acts of terrorism, prescribed by the department or have presented evidence satisfactory to the department of sufficient education and training in the field of emergency care. The department shall consider as satisfactory evidence of education and training in the field of emergency care any relevant education, training, instruction, or other experience that an applicant for an initial license obtained in connection with any military service, as defined in s. 111.32 (12g), if the applicant

demonstrates to the satisfaction of the department that the education, training, instruction, or other experience obtained by the applicant is substantially equivalent to the course of instruction and training required under this subdivision.

3. Have passed an examination approved by the department.

4. Have such additional qualifications as may be required by the department.

(b) 1. Except as provided in ss. 256.17 and 256.18, to be eligible for a renewal of a license as an emergency medical services practitioner, the licensee shall, in addition to meeting the requirements of par. (a) 1., complete the training, education, or examination requirements specified in rules promulgated under subd. 2.

2. The department, in conjunction with the technical college system board, shall promulgate rules specifying training, education, or examination requirements, including requirements for training for response to acts of terrorism, for license renewals for emergency medical services practitioners.

(c) Except as provided in ss. 256.17 and 256.18, to be eligible for a license as an ambulance service provider, an individual shall be 18 years of age or older and have such additional qualifications as may be established in rules promulgated by the department, except that no ambulance service provider may be required to take training or an examination or receive education to qualify for licensure or for renewal of licensure. An ambulance service provider shall, as a condition of licensure, provide medical malpractice insurance sufficient to protect all emergency medical services practitioners who perform for compensation as employees of the ambulance service provider. For renewal of a biennial license as an ambulance service provider, an applicant shall also provide all of the following:

1. A financial report, on a form developed and provided by the department, of all expenditures made in the 2 previous fiscal years from all funds provided to the ambulance service provider under s. 256.12 (4).

2. Certification, on a form developed and provided by the department, signed by a representative of the ambulance service provider and the clerk of each county, city, town or village served by the ambulance service provider, of the population and boundaries of the ambulance service provider's primary service or contract area in that county, city, town or village.

(6g) CERTIFICATION FOR PERFORMANCE OF DEFIBRILLATION. (a) Except as provided in ss. 256.17 and 256.18, the department shall certify qualified applicants for the performance of defibrillation, under certification standards that the department shall promulgate as rules.

(b) A certificate issued under this subsection shall specify whether the holder of the certificate is authorized to perform defibrillation by use of any of the following:

2m. An automated external defibrillator.

3. A manual defibrillator.

(6n) AUTHORIZED ACTIONS OF EMERGENCY MEDICAL SERVICES PRACTITIONERS. An emergency medical services practitioner may undertake only those actions that are authorized in rules promulgated under sub. (13) (c).

(6p) DELEGATION FROM A HEALTH CARE PROVIDER. An emergency medical services practitioner who is acting upon a delegation by a health care provider does not violate the actions authorized for emergency services under sub. (6n) for actions taken in accordance with that delegation if all of the following criteria are satisfied:

(a) The health care provider delegates to the emergency medical services practitioner only actions that are within the scope of the health care provider's credential and competency.

(b) The health care provider ensures that the action is delegated to an emergency medical services practitioner who is adequately knowledgeable and trained to perform the delegated action.

(7) LICENSING IN OTHER JURISDICTIONS. Except as provided in ss. 256.17 and 256.18, the department may issue a license as an

emergency medical services practitioner, without examination, to any individual who holds a current license or certificate as an emergency medical services practitioner from another jurisdiction if the department finds that the standards for licensing or issuing certificates in the other jurisdiction are at least substantially equivalent to those in this state, and that the applicant is otherwise qualified.

(8) CERTIFICATION OF EMERGENCY MEDICAL RESPONDERS. (a) Except as provided in ss. 256.17 and 256.18, the department shall certify qualified applicants as emergency medical responders.

(b) To be eligible for initial certification as an emergency medical responder, except as provided in ss. 256.17 and 256.18, an individual shall meet all of the following requirements:

1. The individual is 18 years of age or older and capable of performing the actions authorized under par. (e), or in rules promulgated under par. (e), for an emergency medical responder.

2. Subject to ss. 111.321, 111.322 and 111.335, the individual does not have an arrest or conviction record.

3. The individual satisfactorily completes an emergency medical responder course that meets or exceeds the guidelines issued by the National Highway Traffic Safety Administration under 23 CFR 1205.3 (a) (5), that includes training for response to acts of terrorism, and that is approved by the department. Any relevant education, training, instruction, or other experience that an applicant for initial certification as an emergency medical responder who is not affiliated with an ambulance service provider or emergency medical services program obtained in connection with any military service, as defined in s. 111.32 (12g), satisfies the completion of an emergency medical responder course, if the applicant demonstrates to the satisfaction of the department that the education, training, instruction, or other experience obtained by the applicant is substantially equivalent to the emergency medical responder course.

(bm) The department may not require an applicant for certification as an emergency medical responder to register with or take the examination of the national registry of emergency medical technicians. An ambulance service provider or another emergency medical services program may require an emergency medical responder to register with or take the examination of the national registry of emergency medical technicians as a condition of being employed by or volunteering with the provider or program.

(c) To be eligible for a renewal of a certificate as an emergency medical responder, except as provided in ss. 256.17 and 256.18, the holder of the certificate shall satisfactorily complete an emergency medical responder refresher course that meets or exceeds the guidelines issued by the National Highway Traffic Safety Administration under 23 CFR 1205.3 (a) (5), that includes training for response to acts of terrorism, and that is approved by the department.

(cm) Every holder of a certificate issued under this subsection shall renew the certificate every 3 years by applying to the department on forms provided by the department. Upon receipt of an application for renewal containing documentation acceptable to the department that the requirements for certification have been met, the department shall renew the certificate unless the department finds that the applicant has acted in a manner or under circumstances constituting grounds for suspension or revocation of the certificate.

(d) The department may not charge a fee for a certificate initially issued or renewed under this subsection.

(e) A certified emergency medical responder is authorized to use an automated external defibrillator, as prescribed for emergency medical responders in rules promulgated by the department. The rules shall set forth authorization for the use of an automated external defibrillator or, for a defibrillator that may be operated in more than one mode, use as an automated external defibrillator only. A certified emergency medical responder is authorized to administer naloxone or another opioid antagonist if

the emergency medical responder has received training necessary to safely administer naloxone or the other opioid antagonist, as determined by the department. A certified emergency medical responder is also authorized to employ other techniques, including the administration of nonvisualized advanced airways, and the administration of medications that are specified by the department by rule. In promulgating the rules under this paragraph, the department shall consult with the state medical director for emergency medical services and the emergency medical services board. The rule shall include those techniques that are specified in the most current guidelines issued by the National Highway Traffic Safety Administration under 23 CFR 1205.3 (a) (5).

(f) Except as provided in ss. 256.17 and 256.18, the department may issue a certificate as an emergency medical responder, without requiring satisfactory completion of any instruction or training that may be required under par. (b), to any individual who holds a current license or certificate as an emergency medical responder from another jurisdiction if the department finds that the standards for licensing or issuing certificates in the other jurisdiction are at least substantially equivalent to the standards for issuance of certificates for emergency medical responders in this state, and that the applicant is otherwise qualified.

(fm) Except as provided in ss. 256.17 and 256.18, the department shall issue a certificate as an emergency medical responder, without requiring satisfactory completion of any instruction or training that may be required under par. (b), to any individual who meets the criteria under par. (b) 1. and 2. and has obtained relevant education, training, and experience in connection with military service, as defined in s. 111.32 (12g). The determination of whether an individual has obtained relevant education, training, and experience is solely within the discretion of the ambulance service provider or emergency medical services program with which the individual intends to be employed or to volunteer.

(g) The department may not impose a requirement that an individual be affiliated with an ambulance service provider in order to receive an emergency medical responder certificate.

(8m) QUALIFICATIONS FOR MEDICAL DIRECTORS. The department shall promulgate rules that set forth qualifications for medical directors. Beginning on July 1, 1995, no ambulance service provider that offers services beyond basic life support services may employ, contract with or use the services of a physician to act as a medical director unless the physician is qualified under this subsection.

(9) TRAINING. The department may arrange for or approve courses of or instructional programs in or outside this state to meet the education and training requirements of this section, including training required for license or certificate renewal. If the department determines that an area or community need exists, the courses shall be offered at technical colleges in the area or community. Initial priority shall be given to the training of emergency medical technicians serving the rural areas of the state. If an emergency medical technician completes a course approved by the department on treatment of anaphylactic shock, the emergency medical technician acts within the scope of the license if he or she performs injections or other treatment for anaphylactic shock under the direction of a physician.

(9m) DEFIBRILLATION TRAINING. The department shall promulgate rules requiring emergency medical services practitioners, emergency medical responders, and individuals who provide instruction to emergency medical services practitioners or emergency medical responders to successfully complete training on the use of an automated external defibrillator. The rules shall specify the content of the training, qualifications for providers of the training, and the frequency with which emergency medical services practitioners, emergency medical responders, and individuals who provide instruction to emergency medical services practitioners or emergency medical responders must complete the training.

(10) LICENSE RENEWAL. Every holder of a license issued under sub. (5) or (7) shall renew the license every 3 years by applying to the department on forms provided by the department. Upon receipt of an application for renewal containing documentation acceptable to the department that the requirements of sub. (6) have been met, the department shall renew the license unless the department finds that the applicant has acted in a manner or under circumstances constituting grounds for suspension or revocation of the license.

(10m) EXCLUSIVE ARRANGEMENTS PROHIBITED. An ambulance service provider or emergency medical services program may not prohibit an emergency medical responder or emergency medical services practitioner who is employed by or volunteering with the ambulance service provider or emergency medical services program from being employed by or volunteering with another ambulance service provider or emergency medical services program.

(11) UNLICENSED OR UNCERTIFIED OPERATION. Notwithstanding the existence or pursuit of any other remedy, the department may, in the manner provided by law, upon the advice of the attorney general, who shall represent the department in all proceedings, institute an action in the name of the state against any person for any of the following:

- (a) To restrain or prevent action as an ambulance service provider by a person in violation of sub. (2) (a).
- (b) To restrain or prevent action by an ambulance service provider in violation of this section or a rule promulgated under this section.
- (c) To restrain or prevent action as an emergency medical services practitioner by an individual in violation of sub. (2) (a).
- (d) To restrain or prevent action by an emergency medical services practitioner in violation of this section or a rule promulgated under this section.
- (e) To restrain or prevent the establishment, management or operation of an ambulance service in violation of sub. (4).
- (f) To restrain or prevent action by an emergency medical responder in violation of this section or a rule promulgated under this section.

(12) CONFIDENTIALITY OF RECORDS. (a) All records made by an ambulance service provider, an emergency medical services practitioner, or an emergency medical responder in administering emergency care procedures to and handling and transporting sick, disabled, or injured individuals shall be maintained as confidential patient health care records subject to s. 252.15 (3m), (6), (8) and (9), if applicable. Nothing in this paragraph or ss. 146.81 to 146.84 permits disclosure to an ambulance service provider, an emergency medical services practitioner, or an emergency medical responder under s. 252.15 (3m), except under s. 252.15 (3m) (e).

(b) Notwithstanding s. 146.82, an ambulance service provider, who is an authority, as defined in s. 19.32 (1), may make available, to any requester, information contained on a record of an ambulance run which identifies the ambulance service provider and emergency medical services practitioners involved; date of the call; dispatch and response times of the ambulance; reason for the dispatch; location to which the ambulance was dispatched; destination, if any, to which the patient was transported by ambulance; and name, age and gender of the patient. No information disclosed under this paragraph may contain details of the medical history, condition, or emergency treatment of any patient.

(13) RULES. (a) The department may promulgate rules necessary for administration of this section.

(b) The department shall promulgate rules under subs. (8) (b), (c) and (e) and (8m).

(c) The department shall promulgate rules that specify actions that emergency medical services practitioners may undertake after December 31, 1995, including rules that specify the required

involvement of physicians in actions undertaken by emergency medical services practitioners.

History: 1973 c. 321; 1975 c. 39 ss. 645 to 647d, 732 (2); 1975 c. 224; 1977 c. 29, 167; 1979 c. 321; 1981 c. 73, 380; 1981 c. 391 s. 211; 1983 a. 189; 1985 a. 120, 135; 1987 a. 70, 399; 1989 a. 31; 1989 a. 102 ss. 20, 21, 36 to 59; 1991 a. 39, 238; 1993 a. 27, 29, 105, 183, 251, 399; 1997 a. 79, 191, 237; 1999 a. 7, 56; 2001 a. 109; 2005 a. 25, 486; 2007 a. 104; 2007 a. 130 ss. 50 to 52, 55 to 57, 63 to 66, 69, 71 to 104; Stats. 2007 s. 256.15; 2009 a. 28, 42; 2009 a. 180 s. 123; 2009 a. 209; 2011 a. 120, 209; 2013 a. 200; 2015 a. 26, 55, 83, 113; 2017 a. 12, 66, 97, 350; 2019 a. 25; 2021 a. 238 s. 45; 2023 a. 12, 176.

Cross-reference: See also chs. DHS 110, Wis. adm. code.

Malpractice liability of state officers and employees is discussed. 67 Atty. Gen. 145.

Under present law, ambulance records relating to medical history, condition, or treatment are confidential while other ambulance call records are subject to disclosure under the public records law. 78 Atty. Gen. 71.

256.155 First aid to domestic animals. (1) DEFINITION. In this section, “domestic animal” has the meaning given in s. 895.484 (1) (a).

(2) RENDERING FIRST AID ALLOWED. An emergency medical services practitioner or emergency medical responder who, in the course of responding to a call for service, encounters a domestic animal that is sick or injured may render any first aid service to the domestic animal before the domestic animal is transferred to a veterinarian for further treatment if the service is in the scope of practice of the license or certification of that emergency medical services practitioner or emergency medical responder when applied to human beings.

(3) IMMUNITY FROM LIABILITY. (a) An ambulance service provider, emergency medical services practitioner, or emergency medical responder is immune from civil or criminal liability for any outcomes resulting from an emergency medical services practitioner or an emergency medical responder rendering first aid to a domestic animal in accordance with sub. (2).

(b) An ambulance service provider, emergency medical services practitioner, or emergency medical responder is immune from civil or criminal liability from declining to render first aid to a domestic animal.

History: 2017 a. 166.

256.17 Denial, nonrenewal and suspension of license, training permit or certification based on certain delinquency in payment. (1) Except as provided in sub. (1m), the department shall require each applicant to provide the department with the applicant’s social security number, if the applicant is an individual, as a condition of issuing or renewing any of the following:

- (a) A license under s. 256.15 (5) (a).
- (b) A training permit under s. 256.15 (5) (b).
- (c) A certification under s. 256.15 (6g) (a) or (8) (a).

(1m) If an individual who applies for or to renew a license, training permit or certification under sub. (1) does not have a social security number, the individual, as a condition of obtaining the license, training permit or certification, shall submit a statement made or subscribed under oath or affirmation to the department that the applicant does not have a social security number. The form of the statement shall be prescribed by the department of children and families. A license, training permit or certification issued or renewed in reliance upon a false statement submitted under this subsection is invalid.

(2) The department of health services may not disclose any information received under sub. (1) to any person except to the department of children and families for the purpose of making certifications required under s. 49.857.

(3) The department of health services shall deny an application for the issuance or renewal of a license, training permit or certification specified in sub. (1), shall suspend a license, training permit or certification specified in sub. (1) or may, under a memorandum of understanding under s. 49.857 (2), restrict a license, training permit or certification specified in sub. (1) if the department of children and families certifies under s. 49.857 that the

applicant for or holder of the license, training permit or certification is delinquent in the payment of court-ordered payments of child or family support, maintenance, birth expenses, medical expenses or other expenses related to the support of a child or former spouse or fails to comply, after appropriate notice, with a subpoena or warrant issued by the department of children and families or a county child support agency under s. 59.53 (5) and related to paternity or child support proceedings.

History: 1997 a. 191; 1999 a. 9; 2007 a. 20 ss. 2863 to 2865, 9121 (6) (a); 2007 a. 130 ss. 105 to 110; Stats. 2007 s. 256.17.

Cross-reference: See also chs. DHS 110, Wis. adm. code.

256.18 Denial, nonrenewal, and revocation of license, certification, or permit based on delinquent taxes or unemployment insurance contributions. (1) Except as provided in sub. (1m), the department shall require each applicant to provide the department with his or her social security number, if the applicant is an individual, or the applicant's federal employer identification number, if the applicant is not an individual, as a condition of issuing or renewing any of the following:

- (a) A license under s. 256.15 (5) (a) or (7).
- (b) A training permit under s. 256.15 (5) (b).
- (c) A certificate under s. 256.15 (6g) (a) or (8) (a) or (f).

(1m) If an individual who applies for or to renew a license, training permit or certificate under sub. (1) does not have a social security number, the individual, as a condition of obtaining the license, training permit or certificate, shall submit a statement made or subscribed under oath or affirmation to the department that the applicant does not have a social security number. The form of the statement shall be prescribed by the department of children and families. A license, training permit or certificate issued or renewed in reliance upon a false statement submitted under this subsection is invalid.

(2) The department may not disclose any information received under sub. (1) to any person except to the department of revenue for the sole purpose of requesting certifications under s. 73.0301 and to the department of workforce development for the sole purpose of requesting certifications under s. 108.227.

(3) Except as provided in sub. (1m), the department shall deny an application for the issuance or renewal of a license, certificate or permit specified in sub. (1) if the applicant does not provide the information specified in sub. (1).

(4) The department shall deny an application for the issuance or renewal of a license, certificate or permit specified in sub. (1) or shall revoke a license, certificate or permit specified in sub. (1), if the department of revenue certifies under s. 73.0301 that the applicant for or holder of the license, certificate or permit is liable for delinquent taxes.

(4m) The department shall deny an application for the issuance or renewal of a license, certificate, or permit specified in sub. (1) or shall revoke a license, certificate, or permit specified in sub. (1), if the department of workforce development certifies under s. 108.227 that the applicant for or holder of the license, certificate, or permit is liable for delinquent unemployment insurance contributions.

(5) An action taken under sub. (3), (4), or (4m) is subject to review only as provided under s. 73.0301 (2) (b) and (5) or 108.227 (5) and (6), whichever is applicable.

History: 1997 a. 237; 1999 a. 9; 2007 a. 20; 2007 a. 130 ss. 111 to 116; Stats. 2007 s. 256.18; 2013 a. 36.

Cross-reference: See also chs. DHS 110, Wis. adm. code.

256.205 Community paramedics. (1) **DEFINITION.** In this section, "community paramedic" means an individual who has obtained an approval issued under sub. (2).

(2) **DEPARTMENTAL APPROVAL.** No person may use the title "community paramedic" unless he or she obtains an approval from the department issued under this section to provide services as a community paramedic. To be eligible for an approval by the department as a community paramedic, an individual shall meet all of the following criteria:

(a) The individual is licensed as a paramedic, that license is not suspended or revoked, and the individual is not the subject of an action under s. 256.15 (11).

(b) The individual has the equivalent of 2 years of service as a paramedic.

(c) The individual successfully completes a training program that has been approved by the department under sub. (3).

(d) The individual submits an application for the approval on a form specified by the department.

(e) The individual satisfies any other requirements established by the department.

(3) **TRAINING PROGRAM.** The department shall, after consulting the board, approve training programs for community paramedics that include clinical experience, that provide flexibility in addressing local service needs, and that meet any other criteria established by the department.

(4) **AFFILIATION.** A community paramedic may provide services under sub. (6) only if he or she is a volunteer for or an employee of a community emergency medical services provider, as defined in s. 256.215 (1) (a), or if he or she is an employee of or under contract with a hospital, clinic, or physician.

(5) **REQUIREMENTS.** (a) A community paramedic shall follow any protocols and supervisory standards established by the department or by a medical director.

(b) A community paramedic is subject to certification, disciplinary, complaint, and other regulatory requirements that apply to emergency medical services practitioners under s. 256.15.

(6) **SERVICES PROVIDED.** Notwithstanding the actions authorized for emergency services under s. 256.15 (6n), a community paramedic may provide services for which he or she is trained under a training program approved by the department under sub. (3), that are not duplicative of services already being provided to a patient, and that are approved by the hospital, clinic, or physician for which the community paramedic is an employee or contractor or are incorporated in the patient care protocols under s. 256.215 (2) (b).

History: 2017 a. 66.

256.21 Community emergency medical services practitioners. (1) **DEFINITION.** In this section, "community emergency medical services practitioner" means an individual who has obtained an approval issued under sub. (2).

(2) **DEPARTMENTAL APPROVAL.** No person may use the title "community emergency medical services practitioner" unless he or she obtains an approval from the department issued under this section to provide services as a community emergency medical services practitioner. To be eligible for an approval by the department as a community emergency medical services practitioner, an individual shall meet all of the following criteria:

(a) The individual is licensed as an emergency medical services practitioner of any level, that license is not suspended or revoked, and the individual is not the subject of an action under s. 256.15 (11).

(b) The individual has the equivalent of 2 years of service as an emergency medical services practitioner at any level.

(c) The individual successfully completes a training program that has been approved by the department under sub. (3).

(d) The individual submits an application for the approval on a form specified by the department.

(e) The individual satisfies any other requirements established by the department.

(3) **TRAINING PROGRAM.** The department shall, after consulting the board, approve training programs for community emergency medical services practitioners that include clinical experience, that provide flexibility in addressing local service needs, and that meet any other criteria established by the department.

(4) **AFFILIATION.** A community emergency medical services practitioner may provide services under sub. (6) only if he or she is a volunteer for or an employee of a community emergency med-

ical services provider, as defined in s. 256.215 (1) (a), or if he or she is an employee of or under contract with a hospital, clinic, or physician.

(5) REQUIREMENTS. (a) A community emergency medical services practitioner shall follow any protocols and supervisory standards established by the department or by a medical director.

(b) A community emergency medical services practitioner is subject to certification, disciplinary, complaint, and other regulatory requirements that apply to emergency medical services practitioners under s. 256.15.

(6) SERVICES PROVIDED. Notwithstanding the actions authorized for emergency services under s. 256.15 (6n), a community emergency medical services practitioner may provide services for which he or she is trained under a training program approved by the department under sub. (3), that are not duplicative of services already being provided to a patient, and that are approved by the hospital, clinic, or physician for which the community emergency medical services practitioner is an employee or contractor or are incorporated in the patient care protocols under s. 256.215 (2) (b).

History: 2017 a. 66.

256.215 Providers of community emergency medical services. (1) DEFINITIONS. In this section:

(a) “Community emergency medical services provider” means an emergency medical services provider that has approval from the department for its personnel to provide community emergency medical services under sub. (2).

(b) “Community emergency medical services practitioner” has the meaning given under s. 256.21 (1).

(c) “Community paramedic” has the meaning given under s. 256.205 (1).

(d) “Emergency medical services provider” means an emergency medical services program under s. 256.12 that provides services as a nontransporting emergency medical services practitioner provider or an ambulance service provider licensed under s. 256.15 (5).

(2) APPROVAL. No emergency medical services provider may advertise as providing community emergency medical services or may advertise having community paramedics or community emergency medical services practitioners unless the emergency medical services provider has approval from the department under this subsection. To be eligible for approval to provide community emergency medical services, an emergency medical services provider shall satisfy all of the following criteria:

(a) The emergency medical services provider is licensed by the department at any emergency medical services level.

(b) The emergency medical services provider establishes, submits to the department, and maintains patient care protocols corresponding to the appropriate service level to be used by a community paramedic or a community emergency medical services practitioner. The emergency medical services provider may include in a patient care protocol only those services that do not require a license, certificate, or other credential under subch. II, III, IV, or VII of ch. 448 or subch. I of ch. 457 or ch. 441, 446, 447, 449, 450, 451, 455, or 459 to provide.

(c) The emergency medical services provider agrees to provide to the department a list identifying each community paramedic and community emergency medical services practitioner providing community emergency medical services as a volunteer or employee of that emergency medical services provider. If the emergency medical services provider is approved under this subsection as a community emergency medical services provider, the emergency medical services provider shall provide and update its list of community paramedics and community emergency medical services practitioners.

(d) The emergency medical services provider meets other requirements as specified by the department.

History: 2017 a. 66; 2023 a. 55.

256.23 Ambulance service provider fee. (1) In this section:

(a) “Eligible ambulance service provider” means any privately owned ambulance service provider. “Eligible ambulance service provider” does not include any ambulance service provider that is owned by any municipality or group of municipalities regardless of whether or not the ambulance service provider is organized as a nonprofit corporation.

(b) “Emergency ambulance transport” means all of the following:

1. Each ground emergency ambulance transport that requires the delivery of life support services, including basic life support or advanced life support, by an emergency medical responder or emergency medical services practitioner at any practice level.

2. Any other ambulance transport that is designated by the department to be subject to the fee under sub. (2).

(2) For the privilege of doing business in this state, there is imposed on each eligible ambulance service provider a fee that is equal to a uniform percentage, as determined under sub. (3), of the eligible ambulance service provider’s net patient revenues from emergency ambulance transports. Except as provided in sub. (4), each eligible ambulance service provider shall pay the fee under this subsection in a manner determined by the department acting in collaboration with the Professional Ambulance Association of Wisconsin, or its successor organization, no more frequently than quarterly. An eligible ambulance service provider cannot increase rates it charges for its services because of the imposition of the fee under this subsection.

(3) The department shall establish the uniform percentage of the eligible ambulance service provider’s net patient revenues so that the total amount of fees collected from an eligible ambulance service provider under sub. (2) in a state fiscal year is an amount not less than one quarter of 1 percent lower than the maximum limit for a provider fee under 42 CFR 433.68 (f) but does not exceed the maximum limit.

(4) The department may allow an eligible ambulance service provider that is unable to make a payment of the fee by the date specified under sub. (2) to make a delayed payment.

(5) In accordance with s. 20.940, the department shall submit to the federal department of health and human services a request for any state plan amendment, waiver or other approval that is required to implement this section and s. 49.45 (3) (em). If federal approval is required, the department may not implement the collection of the fee under sub. (2) until it receives approval from the federal government to obtain federal matching funds.

(6) In each fiscal year, the secretary of administration shall transfer from the ambulance service provider trust fund under s. 25.776 to the appropriation under s. 20.435 (4) (jw) an amount equal to the annual costs of administering the ambulance assessment as specified under this section and making supplemental reimbursements to ambulance service providers under s. 49.45 (3) (em).

History: 2021 a. 228; 2023 a. 30.

256.25 Statewide trauma care system. (1g) In this section, “performance improvement” means a method of evaluating and improving processes of trauma patient care that emphasizes a multidisciplinary approach to problem solving.

(1r) The department shall develop and implement a statewide trauma care system. The department shall seek the advice of the statewide trauma advisory council under s. 15.197 (25) in developing and implementing the system, and, as part of the system, shall develop regional trauma advisory councils.

(2) The department shall promulgate rules to develop and implement the system. The rules shall include a method by which to classify all hospitals as to their respective emergency care capabilities. The classification rule shall be based on standards developed by the American College of Surgeons. Within 180 days after promulgation of the classification rule, and every 3 years there-

after, each hospital shall certify to the department the classification level of trauma care services that is provided by the hospital, based on the rule. The department may require a hospital to document the basis for its certification. The department may not direct a hospital to establish a certain level of certification. Confidential injury data that is collected under this subsection shall be used for confidential review relating to performance improvements in the trauma care system, and may be used for no other purpose.

(3) Except as provided in sub. (4), all information and documents provided by a hospital under sub. (2) and all information and documents procured by or furnished to the department, the statewide trauma advisory council, or regional trauma advisory councils with respect to performance improvement activities, certifications by hospitals under sub. (2), and documentation of the bases for hospitals' certifications under sub. (2) are immune from discovery under ch. 804, confidential, and privileged and may not be used or admitted into evidence in a civil action. With respect to a communication made by a staff member of the department or by an individual serving on the statewide trauma advisory council or a regional trauma advisory council, and to a finding or recommendation made under this section by the department, the statewide trauma advisory council, or a regional trauma advisory council, all of the following apply:

(a) The staff member or individual may not be examined in an action for civil damages with respect to the communication, finding, or recommendation.

(b) The staff member or individual has immunity from civil liability, with respect to the communication, finding, or recommendation, for any of the following:

1. An action taken or omitted by the staff member or individual in an official capacity.

2. A statement made in good faith by the staff member or individual in an official capacity.

(4) Subsection (3) does not apply to the release of information and documents specified in sub. (3) created apart from a performance improvement activity or apart from a certification by a hospital under sub. (2) that are maintained by or for a hospital, the department, the statewide trauma advisory council, or a regional trauma advisory council for the particular purpose of diagnosing, treating, or documenting care provided to a particular patient or for another purpose, upon a showing by clear and convincing evidence that the information or documents are otherwise unavailable.

(5) This section does not apply to s. 146.38.

History: 1997 a. 154; 1999 a. 9; 2001 a. 16, 109; 2005 a. 315; 2007 a. 130 s. 150; Stats. 2007 s. 256.25.

Cross-reference: See also ch. DHS 118, Wis. adm. code.

256.30 Refusal or delay of emergency service. (1) In this section “hospital providing emergency services” means a hospital which the department has identified as providing some category of emergency service.

(2) No hospital providing emergency services may refuse emergency treatment to any sick or injured person.

(3) No hospital providing emergency services may delay emergency treatment to a sick or injured person until credit checks, financial information forms or promissory notes have been initiated, completed or signed if, in the opinion of one of the following, who is an employee, agent or staff member of the hospital, the delay is likely to cause increased medical complications, permanent disability or death:

(a) A physician, registered nurse, or paramedic.

(b) A licensed practical nurse under the specific direction of a physician or registered nurse.

(c) A physician assistant or any other person under the specific direction of a physician.

(3m) Hospitals shall establish written procedures to be followed by emergency services personnel in carrying out sub. (3).

(4) No hospital may be expected to provide emergency services beyond its capabilities as identified by the department.

(5) Each hospital providing emergency services shall create a plan for referrals of emergency patients when the hospital cannot provide treatment for such patients.

(6) The department shall identify the emergency services capabilities of all hospitals in this state and shall prepare a list of such services. The list shall be updated annually.

(7) A hospital which violates this section may be fined not more than \$1,000 for each offense.

History: 1977 c. 361; 1983 a. 273 s. 8; 1989 a. 102; 1993 a. 105; 2007 a. 130 s. 43; Stats. 2007 s. 256.30; 2017 a. 12.

256.35 Statewide emergency services number.

(1) DEFINITIONS. In this section:

(a) “Automatic location identification” means a system which has the ability to automatically identify the address of the telephone being used by the caller and to provide a display at the central location of a sophisticated system.

(b) “Automatic number identification” means a system which has the ability to automatically identify the caller’s telephone number and to provide a display at the central location of a sophisticated system.

(c) “Basic system” means a telecommunications system which automatically connects a person dialing the digits “911” to a public safety answering point.

(cm) “Commercial mobile radio service provider” has the meaning given in s. 196.01 (2g).

(d) “Department” means the department of military affairs.

(e) “Direct dispatch method” means a telecommunications system providing for the dispatch of an appropriate emergency service vehicle upon receipt of a telephone request for such service.

(em) “Emergency number system” means any basic system, sophisticated system, or Next Generation 911, as defined in sub. (3s) (a) 3., regardless of technology platform.

(es) “Originating service provider” means an entity that provides a service that may be used to generate a request for emergency assistance and that may connect to an emergency number system.

(f) “Public agency” means any municipality as defined in s. 345.05 (1) (c) or any state agency which provides or is authorized by statute to provide fire fighting, law enforcement, ambulance, medical or other emergency services.

(g) “Public safety agency” means a functional division of a public agency which provides fire fighting, law enforcement, medical or other emergency services.

(gm) “Public safety answering point” means a facility to which a call on an emergency number system is initially routed for response, and on which a public agency directly dispatches the appropriate emergency service provider, relays a message to the appropriate emergency service provider or transfers the call to the appropriate emergency services provider.

(h) “Relay method” means a telecommunications system whereby a request for emergency services is received and relayed to a provider of emergency services by telephone.

(i) “Sophisticated system” means a basic system with automatic location identification and automatic number identification.

(k) “Transfer method” means a telecommunications system which receives telephone requests for emergency services and transfers such requests directly to an appropriate public safety agency or other provider of emergency services.

(2) EMERGENCY PHONE SYSTEM. (a) Every public agency may establish and maintain within its respective jurisdiction a basic or sophisticated system under this section. Such a system shall be in a central location.

(b) Every basic or sophisticated system established under this section shall be capable of transmitting requests for law enforce-

ment, fire fighting and emergency medical and ambulance services to the public safety agencies providing such services. Such system may provide for transmittal of requests for poison control to the appropriate regional poison control center under s. 255.35, suicide prevention and civil defense services and may be capable of transmitting requests to ambulance services provided by private corporations. If any agency of the state which provides law enforcement, fire fighting, emergency medical or ambulance services is located within the boundaries of a basic or sophisticated system established under this section, such system shall be capable of transmitting requests for the services of such agency to the agency.

(c) The digits “911” shall be the primary emergency telephone number within every basic or sophisticated system established under this section. A public agency or public safety agency located within the boundaries of a basic or sophisticated system established under this section shall maintain a separate 7–digit phone number for nonemergency telephone calls. Every such agency may maintain separate secondary 7–digit back–up numbers.

(d) Public agencies, including agencies with different territorial boundaries, may combine to establish a basic or sophisticated system established under this section.

(e) If a public agency or group of public agencies combined to establish an emergency phone system under par. (d) has a population of 250,000 or more, such agency or group of agencies shall establish a sophisticated system.

(f) Every basic or sophisticated system established under this section shall utilize the direct dispatch method, the relay method or the transfer method.

(g) Every telecommunications utility providing coin–operated telephones for public use within the boundaries of a basic or sophisticated system established under this section shall convert, by December 31, 1987, all such telephones to telephones which enable a user to reach “911” without inserting a coin. Any coin–operated telephone installed by a telecommunications utility after December 31, 1987, in an agency which has established an emergency phone system under this section shall enable a user to reach “911” without inserting a coin.

(h) A commercial mobile radio service provider shall permit a user of the provider to access a basic or sophisticated system if the provider operates within the boundaries of a system.

(i) If a user reaches a basic or sophisticated system through a commercial mobile radio service provider and the service requested is to be provided outside of the jurisdiction served by the system, the public agency operating the system shall transfer the request for services to the appropriate jurisdiction.

(2m) DISPATCHER ASSISTED BYSTANDER CARDIOPULMONARY RESUSCITATION. (a) In this subsection, “department” means the department of health services.

(b) Beginning on May 1, 2021, every public safety answering point shall, in appropriate circumstances, provide telephonic assistance on administering cardiopulmonary resuscitation by doing any of the following:

1. Providing each dispatcher with training in cardiopulmonary resuscitation that includes all of the following:
 - a. Certification in cardiopulmonary resuscitation.
 - b. Use of an evidence–based protocol or script for providing cardiopulmonary resuscitation instruction recommended by an academic institution or a nationally recognized organization specializing in medical dispatch.
 - c. Appropriate continuing education, as determined by the department.
2. Transferring callers to a dedicated telephone line, a telephone center, or another public safety answering point to provide the caller with assistance on administering cardiopulmonary resuscitation. If a public safety answering point transfers callers

under this subdivision, the transferring public service answering point shall do all of the following:

- a. Use an evidence–based protocol for the identification of a person in need of cardiopulmonary resuscitation.
- b. Provide appropriate training and continuing education, as determined by the department, on the protocol for identification of a person in need of cardiopulmonary resuscitation.
- c. Ensure that any dedicated telephone line, a telephone center, or public safety answering point to which calls are transferred under this subdivision uses dispatchers that meet the training requirements under subd. 1. to provide assistance on administering cardiopulmonary resuscitation.

(c) Beginning on May 1, 2021, every public safety answering point shall conduct ongoing quality assurance of its dispatcher assisted bystander cardiopulmonary resuscitation program.

(d) 1. From the appropriation under s. 20.435 (1) (cj), the department shall distribute moneys for dispatcher training on telephonic assistance on administering cardiopulmonary resuscitation, as required under par. (b).

1m. The department may distribute moneys under this subsection through grants, by establishing an application process for persons to submit proposals and establishing a contract with the department to provide training as described under par. (b), or through a combination of these methods.

2. A public safety answering point is eligible to receive a grant under this paragraph if it employs one or more dispatchers that have not completed training as described under par. (b).

2m. A recipient of moneys received under this paragraph shall use the moneys to provide dispatchers with training in accordance with the standards under par. (b).

3. Subject to subd. 2., the department shall establish criteria for approving and distributing moneys under subd. 1.

(3) FUNDING FOR COUNTYWIDE SYSTEMS. (a) *Definitions.* In this subsection:

1. “Commission” means the public service commission.
2. “Costs” means the costs incurred by a service supplier after August 1, 1987, in installing and maintaining the trunking and central office equipment used only to operate a basic or sophisticated system and the database used only to operate a sophisticated system.
3. “Service supplier” means a telecommunications utility which provides exchange telephone service within a county.
4. “Service user” means any person who is provided telephone service by a service supplier which includes access to a basic or sophisticated system.

(b) *Charge authorized.* A county by ordinance may levy a charge on all service users in the county to finance the costs related to the establishment of a basic or sophisticated system in that county under sub. (2) if:

1. The county has adopted by ordinance a plan for that system.
2. Every service user in that county has access to a system.
3. The county has entered into a contract with each service supplier in the county for the establishment of that system to the extent that each service supplier is capable of providing that system on a reasonable economic basis on the effective date of the contract and that contract includes all of the following:
 - a. The amount of nonrecurring charges service users in the county will pay for all nonrecurring services related to providing the trunking and central office equipment used only to operate a basic or sophisticated system established in that county and the database used only to operate that sophisticated system.
 - b. The amount of recurring charges service users in the county will pay for all recurring services related to the maintenance and operation of a basic or sophisticated system established in that county.

c. Every provision of any applicable schedule which the service supplier has filed with the commission under s. 196.19 or 196.20, which is in effect on the date the county signs the contract and which is related to the provision of service for a basic or sophisticated system.

4. The charge is calculated, under a schedule filed under s. 196.19 or 196.20, by dividing the costs related to establishing a basic or sophisticated system in that county by the total number of exchange access lines, or their equivalents, which are in the county and which are capable of accessing that system.

5. The charge is billed to service users in the county in a service supplier's regular billing to those service users.

6. Every public safety answering point in the system is in constant operation.

7. Every public safety agency in the county maintains a telephone number in addition to "911".

8. The sum of the charges under subd. 3. a. and b. does not exceed any of the following:

a. Twenty-five cents each month for each exchange access line or its equivalent in the county if the county has a population of 750,000 or more.

b. One dollar each month for each exchange access line or its equivalent if the county has a population of less than 750,000 and the county is recovering charges under subd. 3. a.

c. Forty cents each month for each exchange access line or its equivalent if the county has a population of less than 750,000 and the county is not recovering charges under subd. 3. a.

(c) If 2 or more counties combine under sub. (2) (b) to establish a basic or sophisticated system, they may levy a charge under par. (b) if every one of those counties adopts the same ordinance, as required under par. (b).

(d) Charges under par. (b) 3. a. may be recovered in rates assessed over a period not to exceed 36 months.

(e) If a county has more than one service supplier, the service suppliers in that county jointly shall determine the method by which each service supplier will be compensated for its costs in that county.

(f) 1. Except as provided under subd. 2., a service supplier which has signed a contract with a county under par. (b) 3. may apply to the commission for authority to impose a surcharge on its service users who reside outside of that county and who have access to the basic or sophisticated system established by that county.

2. A service supplier may not impose a surcharge under subd. 1. on any service user who resides in any governmental unit which has levied a property tax or other charge for a basic or sophisticated system, except that if the service user has access to a basic or sophisticated system provided by the service supplier, the service supplier may impose a surcharge under subd. 1. for the recurring services related to the maintenance and operation of that system.

3. The surcharge under subd. 1. shall be equal to the charge levied under par. (b) by that county on service users in that county. A contract under par. (b) 3. may be conditioned upon the commission's approval of such a surcharge. The commission's approval under this paragraph may be granted without a hearing.

(g) No service supplier may bill any service user for a charge levied by a county under par. (b) unless the service supplier is actually participating in the countywide operation of a basic or sophisticated system in that county.

(h) Every service user subject to and billed for a charge under this subsection is liable for that charge until the service user pays the charge to the service supplier.

(i) Any rate schedule filed under s. 196.19 or 196.20 under which a service supplier collects a charge under this subsection shall include the condition that the contract which established the charge under par. (b) 3. is compensatory and shall include any

other condition and procedure required by the commission in the public interest. Within 20 days after that contract or an amendment to that contract has been executed, the service supplier which is a party to the contract shall submit the contract to the commission. The commission may disapprove the contract or an amendment to the contract if the commission determines within 60 days after the contract is received that the contract is not compensatory, is excessive or does not comply with that rate schedule. The commission shall give notice to any person, upon request, that such a contract has been received by the commission. The notice shall identify the service supplier and the county that have entered into the contract.

(j) A service supplier providing telephone service in a county, upon request of that county, shall provide the county information on its capability and an estimate of its costs to install and maintain trunking and central office equipment to operate a basic or sophisticated system in that county and the database required to operate a sophisticated system.

(3s) NEXT GENERATION 911. (a) *Definitions*. In this subsection:

2. "Emergency services IP network" means a managed Internet protocol network that is used for emergency services and can be shared by all public safety answering points.

3. "Next Generation 911" means a statewide emergency number system regardless of technology platform that does all of the following:

a. Provides standardized interfaces from requests for emergency assistance.

b. Processes all types of requests for emergency assistance, including calls and nonvoice and multimedia messages.

c. Acquires and integrates data useful to the delivery or routing and handling of requests for emergency assistance.

d. Delivers requests for emergency assistance and data to appropriate public safety answering points and emergency responders.

e. Supports data and communications needs for coordinated incident response and management.

f. Provides a secure environment for emergency communications.

4. "Operational date," with respect to a county, means the date determined by the department on which Next Generation 911 begins to be fully operational in the county.

5. "Service supplier" has the meaning given in sub. (3) (a) 3.

6. "Service user" has the meaning given in sub. (3) (a) 4.

(b) *Emergency services IP network contracts*. The department shall invite bids to be submitted under s. 16.75 and, from the appropriation under s. 20.465 (3) (qm), contract for the creation, operation, and maintenance of an emergency services IP network that to the greatest extent feasible relies on industry standards and existing infrastructure to provide all public safety answering points with the network necessary to implement Next Generation 911.

(bm) *Competitive grant program for public safety answering points*. 1. The department shall award grants to public safety answering points for the purposes identified under subd. 2. using the criteria in subd. 3.

2. The department shall promulgate rules that identify appropriate purposes for grants under subd. 1. based on the recommendations of the 911 subcommittee under par. (d) 4. Grant purposes may include advanced training of telecommunicators, equipment or software expenses, and incentives to consolidate some or all of the functions of 2 or more public safety answering points. Grant purposes may not include general public safety answering point overhead or staffing costs or costs for providing emergency services or emergency services equipment.

3. The department shall promulgate rules that contain eligibility criteria for grants under subd. 1. based on the recommendations of the 911 subcommittee under par. (d) 4.

4. The department may not award a grant under subd. 1. to more than one public safety answering point per county.

5. Public safety answering points are eligible to receive a grant under subd. 1. without regard as to whether the public safety answering point is located in a county that is participating in an emergency services IP network contract described under par. (b).

NOTE: Subd. 5. is created eff. 7-1-24 by 2023 Wis. Act 12.

(br) *Competitive grant program for geographic information systems.* 1. The department shall award grants to county land information offices for the purposes identified under subd. 2. using the criteria in subd. 3.

2. Grants under subd. 1. shall be issued based on the purposes recommended by the 911 subcommittee under par. (d) 4m. Grant purposes may include data preparation, data gathering, data creation, geographic information system staffing, data preparation and collection contracts, and training, if these purposes enable Next Generation 911. Grant purposes may not include general county overhead or costs for providing emergency services or emergency services equipment.

3. The department shall develop a policy setting forth eligibility criteria for grants under subd. 1. based on the recommendations of the 911 subcommittee under par. (d) 4m.

4. The department may not award more than one grant under subd. 1. per county per fiscal year.

(c) *Existing contracts and charges.* 1. The department shall determine the operational date for each county. If a contract under sub. (3) (b) 3. between a service supplier and a county is in effect immediately before the operational date determined for the county, the contract shall expire on the operational date and, except as provided in subd. 2., beginning on the operational date, the service supplier may not bill any service user for a charge levied by the county under sub. (3) (b) or impose a surcharge approved under sub. (3) (f). At least 30 days before a contract expires under this subdivision, the department shall provide written notice of the expiration to the county and service supplier.

2. If a contract terminates under subd. 1. before a service supplier has been fully compensated for nonrecurring services described in sub. (3) (b) 3. a., the service supplier may continue to bill service users for the charge levied by the county under sub. (3) (b) or impose a surcharge approved under sub. (3) (f) until the service supplier is fully compensated for those nonrecurring services.

(d) *911 subcommittee duties.* The 911 subcommittee shall do all of the following:

1. Advise the department on the contracts required under par. (b).

2. Advise the department on the statewide efforts, leveraging of existing infrastructure, and industry standards that are necessary to transition to Next Generation 911.

3. Make recommendations to the department regarding federal sources of funding and the sustainable funding streams that are required to enable public safety answering points to purchase and maintain equipment necessary for Next Generation 911.

4. Advise the department or other state agency on awarding Next Generation 911 grants under par. (bm) 1., including advising on appropriate grant purposes and eligibility criteria for the grants. The criteria shall include basic training and service standards that grant applicants must satisfy.

4m. Advise the department or any other state agency on awarding geographic information system grants under par. (br), including advising on appropriate grant purposes and eligibility criteria for the grants.

5. Conduct a statewide 911 telecommunications system assessment.

6. Develop recommendations for service standards for public safety answering points.

7. Promote, facilitate, and coordinate interoperability across all public safety answering points with respect to telecommunications services and data systems, including geographic information systems.

8. Promote, facilitate, and coordinate consolidation of public safety answering point functions where consolidation would provide improved service, increased efficiency, or cost savings.

9. Undertake all of its duties in a manner that is competitively and technologically neutral.

(4) DEPARTMENTAL DUTIES. The department shall do all of the following:

(a) Collect data from and distribute data to public safety answering points and other entities authorized by the department regarding the status and operation of the components of a statewide emergency number system.

(b) Participate in activities to implement and operate interconnecting statewide emergency number systems with public safety answering points, other states, and the federal government.

(c) Ensure the statewide emergency number system is compliant with any applicable legal requirements.

(d) Develop, coordinate, and communicate technical and operational standards or requirements that, to the greatest extent feasible, rely on industry standards and best practices for establishing a statewide emergency number system, pertaining to all of the following:

1. Delivery and routing of requests for emergency assistance.

2. Procedures for the interconnection of the statewide emergency number system with originating service providers as required under 47 USC 251 and 47 USC 252 and for statewide emergency number system implementation and maintenance.

3. Establishing and implementing statewide emergency number system performance and security testing protocols, in coordination with the division of enterprise technology in the department of administration.

4. Public safety answering point basic training guidelines.

5. Interoperability across all public safety answering points with respect to telecommunications services and data systems, including geographic information systems.

6. Consolidation of public safety answering point functions when consolidation would provide improved service, increased efficiency, or cost savings.

(e) Develop and implement a statewide plan for the implementation, operation, and maintenance of a statewide emergency number system based on recommendations from the 911 subcommittee under sub. (3s) (d) 2.

(f) Complete the duties under this subsection in a manner that is competitively and technologically neutral.

(g) No later than November 1 of each even-numbered year and in consultation with the 911 subcommittee under sub. (3s) (d) 1., submit a report to the governor and to the legislature in the manner provided under s. 13.172 (2) on the status of Next Generation 911 implementation, operation, and maintenance.

(6) TELECOMMUNICATIONS UTILITY REQUIREMENTS. A telecommunications utility serving a public agency or group of public agencies which have established a sophisticated system under sub. (2) (e) shall provide by December 31, 1985, or upon establishing a system, whichever is later, such public agency or group of public agencies access to the telephone numbers of subscribers and the addresses associated with the numbers as needed to implement automatic number identification and automatic location identification in a sophisticated system, but such information shall at all times remain under the direct control of the telecommunications utility and a telecommunications utility may not be required to release a number and associated address to a public agency or group of public agencies unless a call to the telephone number

“911” has been made from such number. The costs of such access shall be paid by the public agency or group of public agencies.

(7) LIABILITY EXEMPTIONS. (a) All of the following shall not be liable to any person who uses an emergency number system created under this section or makes an emergency telephone call initially routed to a wireless public safety answering point, as defined in sub. (3m) (a) 7., 2015 stats.:

1. A telecommunications utility.
2. A wireless provider, as defined in s. 256.35 (3m) (a) 6., 2015 stats.
3. A local government, as defined in s. 256.35 (3m) (a) 4., 2015 stats.
4. A person that supplies any service, product, equipment, or database, including any related emergency notification service or process, that is used for or in conjunction with the installation, implementation, operation, or maintenance of the emergency number system and that is used by a public safety answering point.

(bm) Any public safety answering point or dispatcher who provides telephonic assistance on administering cardiopulmonary resuscitation is immune from civil liability for any outcomes resulting from the administration of cardiopulmonary resuscitation or failure to administer cardiopulmonary resuscitation if all of the following conditions exist:

1. The dispatcher who provides telephonic assistance on administering cardiopulmonary resuscitation has been trained in accordance with the standards under sub. (2m) (b).
2. The dispatcher provides telephonic assistance on administering cardiopulmonary resuscitation by doing any of the following:
 - a. Using an evidence-based protocol or script as described under sub. (2m) (b) 1.
 - b. Transferring the caller to a dedicated telephone line, a telephone center, or another public safety answering point as described under sub. (2m) (b) 2.
3. The injury claimed is not the result of an act or omission that constitutes gross negligence or willful or wanton misconduct by the dispatcher or public safety answering point.

(9) JOINT POWERS AGREEMENT. (a) In implementing a basic or sophisticated system under this section, public agencies combined under sub. (2) (d) shall annually enter into a joint powers agreement. The agreement shall be applicable on a daily basis and shall provide that if an emergency services vehicle is dispatched in response to a request through the basic or sophisticated system established under this section, such vehicle shall render its services to the persons needing the services regardless of whether the vehicle is operating outside the vehicle’s normal jurisdictional boundaries.

(b) Public agencies and public safety agencies which have contiguous or overlapping boundaries and which have established separate basic or sophisticated systems under this section shall annually enter into the agreement required under par. (a).

(c) Each public agency or public safety agency shall cause a copy of the annual agreement required by pars. (a) and (b) to be filed with the department of justice. If a public agency or public safety agency fails to enter into such agreement or to file copies thereof, the department of justice shall commence judicial proceedings to enforce compliance with this subsection.

(10) PENALTIES. (a) Any person who intentionally dials the telephone number “911” to report an emergency, knowing that the fact situation which he or she reports does not exist, shall be fined not less than \$100 nor more than \$600 or imprisoned not more than 90 days or both for the first offense and is guilty of a Class H felony for any other offense committed within 4 years after the first offense.

(b) Any person who discloses or uses, for any purpose not related to the operation of a basic or sophisticated system, any

information contained in the database of that system shall be fined not more than \$10,000 for each occurrence.

(11) PLANS. Every public agency establishing a basic or sophisticated system under this section shall submit tentative plans for the establishment of the system as required under this section to every local exchange telecommunications utility providing service within the respective boundaries of such public agency. The public agency shall submit final plans for the establishment of the system to the telecommunications utility and shall provide for the implementation of the plans.

History: 1977 c. 392; 1979 c. 34, 361; 1981 c. 20 s. 2202 (1) (b); 1981 c. 383; 1983 a. 27; 1983 a. 53 s. 114; 1983 a. 189 s. 329 (31); 1985 a. 29, 120; 1985 a. 297 ss. 12, 76; 1985 a. 332; 1987 a. 27, 403; 1989 a. 31; 1991 a. 39, 267; 1993 a. 16, 388, 496; 1997 a. 218, 283; 1999 a. 185; 2001 a. 109; 2003 a. 48, 320; 2005 a. 25; 2007 a. 130 ss. 160 to 165; Stats. 2007 s. 256.35; 2009 a. 28; 2009 a. 180 s. 126; 2011 a. 32, 275; 2017 a. 59; 2017 a. 207 s. 5; 2017 a. 296; 2019 a. 26; 2021 a. 238 ss. 25, 45; 2021 a. 261; 2023 a. 12.

Cross-reference: See also ch. PSC 173, Wis. adm. code.

256.40 Opioid antagonists. (1) In this section:

(a) “Fire fighter” means any person employed by the state or any political subdivision as a member or officer of a fire department or a member of a volunteer fire department, including the state fire marshal and deputies.

(b) “Law enforcement agency” means an agency of a federally recognized Indian tribe or band or a state or political subdivision of a state, whose purpose is the detection and prevention of crime and enforcement of laws or ordinances.

(c) “Law enforcement officer” means any person employed by a law enforcement agency who is authorized to make arrests for violations of the laws or ordinances that the person is employed to enforce.

(d) “Opioid-related drug overdose” means a condition including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.

(2) (a) Subject to par. (b), the department shall permit all emergency medical services practitioners to administer naloxone or another opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose.

(b) The department shall require emergency medical services practitioners to undergo any training necessary to safely and properly administer naloxone or another opioid antagonist as specified under par. (a).

(c) Every ambulance service provider shall do all of the following:

1. Ensure that every emergency medical services practitioner under the ambulance service provider’s supervision who has obtained the training necessary to safely and properly administer naloxone or another opioid antagonist has a supply of naloxone or the other opioid antagonist available for administration when he or she is performing his or her duties as an emergency medical services practitioner, to the extent that naloxone or the other opioid antagonist is available to the ambulance service provider.

2. Require each certified emergency medical responder and emergency medical services practitioner under the supervision of the ambulance service provider to, in the manner prescribed by the department, keep a record of each instance in which the certified emergency medical responder or emergency medical services practitioner administers naloxone or another opioid antagonist to an individual who is undergoing or who is believed to be undergoing an opioid-related drug overdose.

3. Submit records under subd. 2. to the department in the manner prescribed by the department.

(3) (a) A law enforcement agency, county jail, or fire department may enter into a written agreement to affiliate with an ambu-

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lance service provider or a physician for all of the following purposes:

1. Obtaining a supply of naloxone or another opioid antagonist.
2. Allowing law enforcement officers, jailers or keepers of a jail or persons designated with custodial authority by the jailer or keeper, and fire fighters to obtain the training necessary to safely and properly administer naloxone or another opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid–related drug overdose.
 - (b) A law enforcement officer, jailer or keeper of a jail or per-

son designated with custodial authority by the jailer or keeper, or fire fighter who, reasonably believing another person to be undergoing an opioid–related drug overdose, administers naloxone or another opioid antagonist to that person shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person, if the law enforcement officer, jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper, or fire fighter is acting pursuant to an agreement and any training obtained under par. (a).

History: 2013 a. 200; 2017 a. 12; 2019 a. 119.